

**STATE OF TENNESSEE****DEPARTMENT OF ENVIRONMENT AND CONSERVATION****DIVISION OF UNDERGROUND STORAGE TANKS****REIMBURSEMENT GUIDANCE DOCUMENT – 001****EFFECTIVE DATE – July 1, 2007****RE: Pre-approved Cost and Reimbursement Guidance****I. General Guidance****1.0 Purpose**

The purpose of this Reimbursement Guidance Document (RGD) is to provide a uniform standard for the reimbursement process where owners/operators may apply for reimbursement of eligible expenses from the Petroleum Underground Storage Tank Fund (Fund). This document contains unit rates that the Division of Underground Storage Tanks (Division) considers to be reasonable. Only these rates or lower will be reimbursed unless prior written Division approval is granted. The Division will review reimbursement applications based on this guidance document.

2.0 Applicability

This document replaces all previous published guidance affecting the reimbursement process.

Rule 1200-1-15-.09(3)(a) states in part: "Before the owner and/or operator or petroleum site owner will receive Fund benefit, the applicable entry level amount to the Fund must be expended as approved costs by the owner and/or operator and/or financial assurance provider. The applicable entry level is the entry level in effect on the date of the release." The entry level amount is determined by the Division.

Rule 1200-1-15-.09(3)(b) states in part: "Every owner or operator of an UST is required to maintain Fund Eligibility."

Rule 1200-1-15-.09(4)(a) states: "If at the time of a release, the Division determines that an owner and/or operator has failed to establish Fund Eligibility in accordance with subparagraph (4)(a) or has lost Fund Eligibility in accordance with subparagraph (5)(b), corrective action costs and/or third party damages associated with that release are not eligible for coverage by the Fund."

Rule 1200-1-15-.09(7)(c) states: "The Fund shall be responsible to eligible UST owners and/or operators or petroleum site owners for eligible corrective action costs above the entry level in an amount not to exceed one million dollars (\$1,000,000) per site per occurrence."

Rule 1200-1-15-.09(8)(c) states: "The owner and/or operator or petroleum site owner financial responsibility requirements amounts as specified in rule 1200-1-15-.09(8)(b) are not eligible for reimbursement from the Fund. Proof of payment of these initial amounts is required prior to reimbursement of any costs. The owner or operator's financial responsibility requirements for taking corrective action cannot include any costs defined as Fund Ineligible in subparagraphs (a) and (b)."

Rule 1200-1-15-.09(9)(d) states: "All claims against the Fund are clearly obligations only of the Fund and not of the State, and any amounts required to be paid under this part are subject to the availability of sufficient monies in the Fund."

Rule 1200-1-15-.09(10)(b) states: "Upon confirmation and reporting of a release in accordance with the requirements of rule 1200-1-15-.05(1) through rule 1200-1-15-.05(3), owners and/or operators or petroleum site owners shall select a contractor from the Division's list of approved contractors if the owner or operator expects to apply for Fund benefits. The Division shall be notified in writing of such a selection within thirty (30) days or other timeframe specified by the Division. A contractual agreement shall be established between the owner or operator and the contractor. The Division shall be provided a copy of the contractual agreement."

Rule 1200-1-15-.09(12)(e) states: "All payments shall be subject to approval by the Division. Should a site inspection or other information available to the Division reveal a discrepancy between the work performed and the work addressed by a payment application, the Department may deny payment or may require the Fund to be reimbursed."

Rule 1200-1-15-.09(12)(f) states: "All applications for payment of costs of cleanup shall be received by the Division within one (1) year of the performance of the tasks covered by that application in order to be eligible for payment from the Fund."

Rule 1200-1-15-.09(14)(d) states in part: "If certain costs are considered as not being reasonable or eligible for reimbursement, the Department may issue a check for the amount of the application not in question and provide a forty-five (45) day period in which the owner and/or operator or petroleum site owner or contractor may present such information as is necessary to justify the disallowed costs. Following review of such information, the department may agree to pay the previously disallowed costs, or any portion thereof, or may again disallow the costs for payment."

3.0 Application for Fund Eligibility Determination and Reimbursement Application Format

T.C.A. 68-215-111(e)(5) A states: "If there is evidence of a suspected or a confirmed release on or after July 1, 2004, in order for the tank owner, tank operator, or petroleum site owner to receive reimbursement from the Fund, an Application for Fund Eligibility shall be filed:

- (i) Within ninety (90) days of the discovery of evidence of a suspected release which is subsequently confirmed in accordance with the rules promulgated pursuant to this part; or
- (ii) Within sixty (60) days of a release which was identified in any manner other than the process for confirmation of a suspected release stated in the rules promulgated pursuant to this part.

T.C.A. 68-215-111(e)(5) B states: "The tank owner or tank operator shall send notification to the petroleum site owner by certified mail, return receipt requested, within seven (7) days of confirmation of a release. Failure to comply with the applicable deadline of subdivision (e)(5)(A)(i) or (e)(5)(B)(ii) shall make the release ineligible for reimbursement from the Fund."

Instructions for completing and submitting applications are included on each application. The application required for submittal can be downloaded from the Division's website. The Division may periodically update the application, so the Division's website should be frequently checked to insure that the most current application is used. An Access® database is under development to prepare and submit electronic applications and will be available at a future date for download from the Division's website and may affect the current application process.

II. Definitions and Acronyms

1.0 Definitions

For the purposes of this RGD only, the following definitions apply:

| | |
|-------------------|--|
| Contamination- | Soil and/or ground water analytical results with petroleum constituents exceeding the Division's initial screening levels as identified during closure activities, Phase II investigation, etc. or Division's approved site-specific standard clean-up levels. |
| Deductible- | The entry level or amount of financial responsibility that must be expended as approved costs by the responsible party prior to any reimbursement of eligible expenses. All releases that occurred after July 1, 2005 have a deductible of \$20,000.00 (twenty thousand dollars) unless granted a reduced deductible. See the application for fund eligibility for further instructions about reduced deductibles. |
| Proof of payment- | The acceptable evidence, that the invoices included in the reimbursement application, have been paid. The acceptable methods include copies of canceled checks or affidavits signed by the contractors stating they have received payment. |
| Reasonable cost- | The monetary amount or range, as determined by the Division, to be commensurate with a corrective action activity. The Division's determination is based on an evaluation of typical expected costs. This evaluation considers the scope and complexity of the particular corrective action activity involved. |
| Week- | Rental equipment is often rented on a weekly basis. A week is defined as three (3) to five (5) consecutive days. |

2.0 Acronyms Used in this Document

| | |
|------|---|
| BTEX | Benzene, toluene, ethylbenzene, and total xylenes |
| CAC | Corrective action contractor |
| CAD | Computer aided design |
| CAP | Corrective Action Plan |
| CFM | Cubic feet per minute |
| DMR | Discharge Monitoring Report |
| EAG | Environmental Assessment Guidelines |

| | |
|-------|---|
| FID | Flame ionization detector |
| FP | Free product |
| FPIR | Free Product Investigation Report |
| FPRP | Free Product Removal Plan |
| GPM | Gallons per minute |
| HMR | Hazard Management Report |
| HNR | Hazard Notification Report |
| IRHMR | Initial Response and Hazard Management Report |
| ISCR | Initial Site Characterization Report |
| MCL | Maximum contaminant level |
| MEME | Mobile enhanced multi-phase extraction |
| MtBE | Methyl tertiary butyl ether |
| NAPH | Naphthalene |
| NOD | Notice of deficiency |
| NOV | Notice of violation |
| NPDES | National pollution discharge elimination system |
| OSHA | Occupational Safety and Health Administration |
| OVD | Organic vapor detector |
| PID | Photoionization detector |
| POTW | Publicly owned treatment works |
| QA/QC | Quality assurance and quality control |
| RGD | Reimbursement guidance document |
| SOW | Scope of work |
| TCLP | Toxicity characteristic leaching procedure |
| TGD | Technical guidance document |
| TRBCA | Tennessee risk-based corrective action |
| UST | Underground storage tank |

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Attachments

Instructions for Completing the Tennessee UST Fund Eligibility Application
Tennessee UST Fund Eligibility Application
Instructions for Completing the Tennessee UST Reimbursement Application
Tennessee UST Reimbursement Application

III. Reimbursement Application Database Instructions

An Access® database is under development to prepare and submit electronic applications and will be available at a future date for download from the Division's website and may affect the current application process.

IV. Reimbursement Application Guidelines

In order to receive reimbursement, all reimbursement applications must be submitted within one year of the date the work is performed.

1.0 Initial Reimbursement Application

After a new release has been confirmed, a Fund eligibility application shall be prepared and submitted. The initial reimbursement application shall not be submitted until Fund eligibility has been determined. If Fund eligibility is approved, then the Division will send a confirmation letter and include the applicable deductible. At this point, an initial reimbursement application may be submitted. If Fund eligibility is denied, then the Division will notify the responsible party with a denial letter. This letter will also include information on the appeal process. If Fund eligibility is denied, then an initial application may be submitted during the Fund eligibility appeal process, but will not be reviewed. Some sites may not require corrective action that would result in the submittal of subsequent applications.

2.0 Subsequent Reimbursement Applications

Subsequent applications may be submitted at the completion of each cleanup activity provided they are submitted within one year from the date performed.

3.0 Final Reimbursement Application

The final application shall be submitted within one year of case closure issued by the division.

V. Eligible Costs

The following processes include common tasks that are eligible for reimbursement with Division approval.

1.0 UST System Closure Process

- 1.1 Overexcavation of contaminated material after the first 100 cubic yards of native material has been removed
- 1.2 Sample collection after overexcavation and/or tank pit recharge
- 1.3 Soil and water laboratory analysis, including routine shipping charges, after overexcavation and/or tank pit recharge
- 1.4 Disposal of contaminated soil (including contaminated backfill), contaminated water, and/or free product
- 1.5 Installation and sampling of monitoring well required for risk-based closure
- 1.6 Preparation of a risk-based closure report

- 2.0 Hazard Management Process
 - 2.1 Alternate water supply— installing water taps, hookup to public water supply, filtration system, and/or drilling a new well. This also includes abandonment of public or private water supplies that are no longer in use.
 - 2.2 Rental of equipment that deals with emergency response (i.e., vapor abatement)
 - 2.3 Recovery of free product
 - 2.4 Sample collection
 - 2.5 Soil, water, and air laboratory analysis, including routine shipping charges
 - 2.6 Disposal of contaminated soil, water, and/or free product
 - 2.7 Preparation of required submittals
- 3.0 Release Investigation Process
 - 3.1 Installation of soil borings and/or monitoring wells
 - 3.2 Rental of equipment relative to the investigation of the contaminated site
 - 3.3 Tank tightness tests (if used for a required investigation by the Division)
 - 3.4 Sample collection
 - 3.5 Soil and water laboratory analysis, including routine shipping charges
 - 3.6 Disposal of contaminated soil, water, and/or free product
 - 3.7 Preparation of required submittals
- 4.0 Risk Management and Corrective Action Process
 - 4.1 Public notice advertisements for corrective action
 - 4.2 Construction, operation, and maintenance of approved treatment systems
 - 4.3 Telephone charges associated with a telemetry system (must be plainly stated on the reimbursement application)
 - 4.4 Rental of equipment that deals with remediation of the contaminated site
 - 4.5 Installation of recovery wells, trenches, and associated piping
 - 4.6 Sample collection
 - 4.7 Soil, water, and air laboratory analysis, including routine shipping charges
 - 4.8 Disposal of contaminated soil, water, and/or free product
 - 4.9 Preparation of required submittals
- 5.0 Final Site Closure Process
 - 5.1 Public notice advertisements for termination of a corrective action plan
 - 5.2 Deactivation of the treatment system
 - 5.3 Well abandonment
 - 5.4 Decommissioning the treatment system
 - 5.5 Site rehabilitation
 - 5.6 Preparation of required submittals
- 6.0 Miscellaneous
 - 6.1 Annual well fees (Shelby County) (no markup)
 - 6.2 Color copy of topographic map (third party invoice required)
 - 6.3 Bonds required by government agencies (no markup)
 - 6.4 Preparation of required submittals

VI. Ineligible Costs

The following processes include common tasks and specific activities or costs that are not eligible for reimbursement.

1.0 UST System Closure Process

- 1.1 Activities associated with preparing, removing, and disposing of the tank system, including breaking and removing concrete, removing product from tanks, de-gassing tanks, etc.
- 1.2 Replacement backfill material for the volume of the excavated tank(s)
- 1.3 Completing an Application for Permanent Closure of Underground Storage Tank Systems, Permanent Closure Report, Application for Fund Eligibility, and/or the Reimbursement Application
- 1.4 Expedited or rush charges for laboratory analysis of samples without prior Division approval
- 1.5 Field screening activities for the underground storage tank backfill material and the first 100 cubic yards of stockpiled soil
- 1.6 Rental/lease charges that exceed the purchase price of the equipment
- 1.7 Removal of backfill material in the tank pit and the first 100 cubic yards of overexcavated contaminated native material
- 1.8 Replacement of asphalt or concrete
- 1.9 Replacement, repair, maintenance, removal, and retrofitting of any UST system or interceptor trench
- 1.10 Samples required for tank closure

2.0 Hazard Management Process

- 2.1 Monthly water utility bills (if a public water connection was made in response to a release)
- 2.2 Utility deposits
- 2.3 Markup on utility bills and/or permits
- 2.4 Expedited or rush charges for laboratory analysis of samples without prior Division approval
- 2.5 Rental/lease charges that exceed the purchase price of the equipment
- 2.6 Replacement of asphalt or concrete (except for trenching with a corrective action system or interceptor trench)
- 2.7 Completing the Reimbursement Application

3 Release Investigation Process

- 3.1 Expedited or rush charges for laboratory analysis of samples without prior Division approval
- 3.2 Rental/lease charges that exceed the purchase price of the equipment
- 3.3 Completing the Reimbursement Application

4 Risk Management and Corrective Action Process

- 4.1 Monthly water utility bills (if a public water connection was made in response to a release)
- 4.2 Utility deposits
- 4.3 Markup on utility bills and/or permits
- 4.4 Expedited or rush charges for laboratory analysis of samples without prior Division approval
- 4.5 Rental/lease charges that exceed the purchase price of the equipment
- 4.6 Replacement of asphalt or concrete (except for trenching with a corrective action system)
- 4.7 Telephone charges not associated with a telemetry system
- 4.8 Completing the Reimbursement Application

- 5 Final Site Closure Process
 - 5.1 Well abandonment permit (Shelby County)
 - 5.2 Completing the Reimbursement Application
- 6 Miscellaneous
 - 6.1 Any service for which the applicant will receive reimbursement from a commercial insurance carrier
 - 6.2 Corrective action contractor costs
 - 6.2.a Any type of reference book, technical book, and/or guideline
 - 6.2.b Application or appeals for denied costs
 - 6.2.c Cellular or portable phone charges
 - 6.2.d Computer time, software, hardware, etc.
 - 6.2.e Copy machine and copies
 - 6.2.f Fax transmittals
 - 6.2.g General office supplies
 - 6.2.h Insurance
 - 6.2.i Notary services
 - 6.2.j Office equipment and miscellaneous office items
 - 6.2.k Overtime charges
 - 6.2.l Personnel protective equipment (chemical resistant suits, respirators, etc.)
 - 6.2.m Postage or express shipping of maps, photographs, reports, etc.
 - 6.2.n Property title searches
 - 6.2.o Rental equipment insurance
 - 6.2.p Telephone charges not associated with a telemetry system
 - 6.2.q Video camcorder
 - 6.3 Durable items which are not totally expended on one site such as raincoats, tools, shovels, etc.
 - 6.4 Installation of leak detection
 - 6.5 Legal fees
 - 6.6 Loss of business revenues (business interruption)
 - 6.7 Loss of petroleum product
 - 6.8 Monthly water utility bills where the Division paid for connection to a public water supply
 - 6.9 Responsible Party Costs
 - 6.9.a Administration costs including management, office time, and supplies
 - 6.9.b Any type of reference book, technical book, and/or guideline
 - 6.9.c Application or appeals for denied costs
 - 6.9.d Cellular or portable phone charges
 - 6.9.e Computer time, software, hardware, etc.
 - 6.9.f Copy machine and copies
 - 6.9.g Fax transmittals
 - 6.9.h General office supplies
 - 6.9.i Insurance
 - 6.9.j Notary services
 - 6.9.k Office equipment and miscellaneous office items
 - 6.9.l Overtime charges
 - 6.9.m Personnel protective equipment (chemical resistant suits, respirators, etc.)
 - 6.9.n Postage or express shipping of maps, photographs, reports, etc.
 - 6.9.o Property tax
 - 6.9.p Property title searches
 - 6.9.q Rental equipment insurance
 - 6.9.r Telephone charges not associated with a telemetry system

- 6.9.s Video camcorder
- 6.10 Tank tightness tests used for routine release detection
- 6.11 Technical Guidance Document - 013, Fund Eligibility site check
- 6.12 Travel
 - 6.12.a Any travel outside of the state of Tennessee
 - 6.12.b Mileage within Tennessee over 250 miles per round trip
 - 6.12.c Airfare and/or car rentals
 - 6.12.d Company car and/or truck rental
 - 6.12.e Markup on per diem
- 6.13 Underground locator services (unless service is guaranteed)

VII. Personnel Descriptions and Rates

1.0 Staff Descriptions

Only the job titles and classifications listed below may be used for reimbursement purposes. Any qualified professional who performs a task of a lesser-qualified person should be billed at the rate of that job task. For example, a person who meets the experience and education of a Geologist, but performs the task of digging a trench, hand augering, bailing wells, etc. should be billed at the rate of a Technician. All onsite personnel shall have the appropriate health and safety certifications.

CAD Operator: This person must have the ability to develop scaled maps, engineering drawings, and contour maps using CAD computer programming software. The CAD computer operator must have a degree in information systems analysis, CAD computer programming, or possess CAD technical certification.

Construction Foreman: This person must have completed all appropriate personal protection and safety courses, have three (3) years experience in UST or hazardous substance site work, field supervision experience, and be supervising a construction crew.

Contract Administrator: This person must have a degree in business, accounting, or other degree approved by the Division. Alternatively, this person may have an Associates degree in business or accounting and two (2) years experience in contract administration. Reimbursement Task: Assisting the project manager, procuring contracts, processing work orders and change orders with responsible parties and/or subcontractors.

Engineer: This person must be a professional engineer licensed in the State of Tennessee.

Environmental Specialist: This person must have a BS or postgraduate degree in biology, engineering, environmental science, geology, industrial hygiene, soil science, or another science field acceptable to the Division from an accredited four (4) year college.

General Laborer: This person must have completed the appropriate personal health and safety courses. General laborer includes surveyor helpers, construction workers, and other site workers that have not been included in other billing classifications.

Geologist: This person must be a professional geologist licensed in the State of Tennessee.

Heavy Equipment Operator: This person must be knowledgeable of the capabilities and limitations of the equipment used and are familiar with all applicable laws and regulations governing its use. Equipment operators must have current health and safety training.

Project Manager: This person must have five (5) years full-time experience in investigation, remedial planning or design phases of environmental project management. This person must have a BS or postgraduate degree in engineering, geology, or other appropriate science. This person must also have supervisory and project management experience. Postgraduate work in an appropriate science may be substituted on a year for year basis for experience for a maximum of two (2) years. **Reimbursement Task:** Supervises and assigns tasks to staff members working on contracted projects irrespective of the supervisory structure within their organization. The project manager is responsible for all major decisions involved in the project.

Secretary: This person must possess computer skills and carry out general clerical duties. Clerical support and other office workers shall be included in this category. Only expenses associated with site-specific work by this position will be compensated.

Senior Environmental Specialist: This person must have a BS or postgraduate degree in biology, engineering, environmental science, industrial hygiene, soil science, or another science field acceptable to the Division from an accredited four (4) year college and have at least five (5) years of UST related work and/or hazardous substance remedial activities.

Senior Technician: This person must have completed appropriate personal safety and sampling courses and have at least three (3) years of experience working in the environmental field at hazardous substance or UST sites. All technicians must be high school graduates or have passed the general equivalency diploma (GED) test.

Surveyor: This person must have the ability to take linear and angular measurements and apply the principles of geometry and trigonometry to delineate the form, extent, position, etc., of a tract of land. This person must be registered in Tennessee as a surveyor.

Technician: This person must have completed appropriate personal safety and sampling courses and have at least one (1) year of experience working in the environmental field at hazardous substance or UST sites. All technicians must be high school graduates or have passed the general equivalency diploma (GED) test.

Toxicologist: This person must be a certified toxicologist.

Truck Driver: This person must be knowledgeable of all Tennessee motor vehicle laws and regulations as well as hold all licenses required for the type of motor vehicle operated.

2.0 Table of Reimbursable Tasks

| Field Staff Description | Reimbursable Tasks |
|--------------------------|--|
| Engineer | Assessment of remedial activities, performing aquifer testing, overseeing drilling and monitoring well installation, compiling/analyzing environmental data, on site supervision of the installation of remediation systems, O & M of Corrective Action System(non routine) |
| Environmental Specialist | Assessment of remedial activities, performing aquifer testing, compiling/analyzing environmental data, O & M of Corrective Action System(non routine) |
| Geologist | Assessment of remedial activities, overseeing drilling and monitoring well installation, performing aquifer testing, compiling/analyzing environmental data, O & M of Corrective Action System(non routine) |

| | |
|---------------------------------|---|
| Senior Environmental Specialist | Assessment of remedial activities, performing aquifer testing, compiling/analyzing environmental data, O & M of Corrective Action System(non routine) |
| Senior Technician | Sampling(groundwater, soil, vapors), free product removal (hand bailing), deactivation and dismantling of systems, monitoring well abandonment oversight, installation/maintenance of skimmer pumps, O & M of systems (routine and non routine) |
| Technician | Tilling/disking, gauging, installation/replacements of booms/pads, deactivation and dismantling of systems, site restoration |
| Toxicologist | Assessment of remedial activities, compiling/analyzing environmental data |

3.0 Table of Staff Rates

| Field Operations Staff | Maximum Hourly Rate |
|---|----------------------------|
| Surveyor | \$55.00 |
| Construction foreman, senior technician | \$45.00 |
| Technician | \$35.00 |
| Heavy equipment operator, truck driver | \$30.00 |
| General laborer | \$25.00 |

| Technical Staff | Maximum Hourly Rate |
|--|----------------------------|
| Project manager | \$80.00 |
| Engineer, Geologist, Senior Environmental Specialist, Toxicologist | \$65.00 |
| Environmental Specialist | \$55.00 |
| CAD operator | \$40.00 |

| Administrative Staff | Maximum Hourly Rate |
|-----------------------------|----------------------------|
| Contract Administrator | \$45.00 |
| Secretary | \$25.00 |

VIII. Reasonable Reimbursement Rates

1.0 Equipment

Construction equipment rental rates already include allowances for peripheral equipment attachments, depreciation, maintenance, field repairs, fuel, permits, lubricants, tires, OSHA equipment, insurance, equipment shelter and security, overhead, markup, and administrative costs. If the equipment size is not specified, then the lowest rate will be applied.

| Excavating Equipment | Per Day | Per Week | > 1 Week per day |
|---|------------|------------|------------------|
| Trencher (walk behind) | \$140.00 | \$420.00 | \$84.00 |
| Trencher (ride on) | \$213.00 | \$639.00 | \$128.00 |
| Skid steer loader (bobcat) | \$180.00 | \$540.00 | \$108.00 |
| Pavement/concrete breaker for bobcat | \$200.00 | \$525.00 | |
| Backhoe (all types) | \$230.00 | \$690.00 | \$138.00 |
| Pavement/concrete breaker for backhoe | \$750.00 | | |
| Trackhoe ½ yd ³ | \$560.00 | \$1,680.00 | \$336.00 |
| Trackhoe ¾ yd ³ | \$630.00 | \$1,890.00 | \$378.00 |
| Trackhoe 1 yd ³ | \$750.00 | \$2,250.00 | \$450.00 |
| Crawler loader 1 yd ³ | \$400.00 | \$1,200.00 | \$240.00 |
| Dozer | \$400.00 | \$1,200.00 | \$240.00 |
| Field tractor and attachment | \$150.00 | \$450.00 | \$90.00 |
| Dump truck 15 yd ³ and larger (w/o driver) | \$35.00/hr | | |
| Mobilization and Demobilization | | | Rate |
| Excavation equipment (cost/mile) | | | \$1.00 |
| Maximum billing (250 miles round trip) | | | \$250.00 |

| Support Equipment | Per Day | Per Week | > 1 Week per day |
|---|----------|----------|------------------|
| 5 kW generator | \$65.00 | \$195.00 | \$39.00 |
| 50 kW generator | \$210.00 | \$630.00 | \$126.00 |
| 3,000 psi pressure washer | \$55.00 | \$165.00 | \$33.00 |
| Explosion proof evacuation fan (12,000 ft ³ /min air movement) (mobilization included in daily rate) | \$75.00 | \$125.00 | \$45.00 |

| Miscellaneous Tools And Supplies | Per Day | Per Week | > 1 Week per day |
|--|----------|-----------|------------------|
| Air jackhammer with bit and hose | \$50.00 | | |
| Electric jackhammer with bit | \$75.00 | | |
| Slide hammer and vapor probe kit | \$100.00 | | |
| Hammer drill and vapor probe kit | \$100.00 | | |
| Crane (17-ton skyhook) | \$650.00 | \$2000.00 | |
| Plate compactor/tamper | \$75.00 | \$200.00 | |
| Boom truck (cherry picker) | \$500.00 | | |
| Utility trailer | \$25.00 | | |
| Compressor 100 CFM, gas powered | \$70.00 | | |
| Compressor 175 CFM, gas powered | \$105.00 | | |
| Concrete saw with blade | \$80.00 | | |
| Hydrocarbon skimmer pump (self leveling) | \$40.00 | \$120.00 | \$24.00 |
| Submersible sampling pump (electric) | | | |
| 2-inch diameter | \$65.00 | | |
| 4-inch diameter | \$35.00 | | |
| Self-priming centrifugal pump (trash) | | | |
| 2-inch discharge | \$35.00 | | |
| 3-inch discharge | \$50.00 | | |
| 4-inch discharge | \$65.00 | | |
| Welder/supplies/fuel | \$55.00 | | |

| Portable Field Instruments | Per Day | Per Week | > 1 Week per day |
|---|----------|----------|---------------------|
| Combustible gas indicator (LEL) | \$20.00 | | |
| Combustible gas indicator/with oxygen meter | \$25.00 | | |
| Oxygen meter (dissolved/reduced) | \$25.00 | | |
| OVD - PID | \$65.00 | | |
| OVD - FID | \$85.00 | | |
| Multi-gas meter (O ₂ , CO ₂ , CH ₄ , DO) | \$45.00 | | |
| Oil/water interface probe | \$30.00 | | |
| Turbidity meter (approved CAP only) | \$25.00 | | |
| Electronic water-level indicator | \$20.00 | | |
| Electronic water-level recorder/transducer (two well capability) | \$50.00 | | |
| Electronic water-level recorder/transducer (four well capability) | \$100.00 | | |
| Manometer | \$25.00 | | |
| pH meter (approved CAP only) | \$10.00 | | |
| Velocity meter | \$45.00 | | |
| Flow regulator (air samples only) | \$40.00 | | |
| Mobile GC laboratory (*actual cost as approved by Division) | * | | |
| Continuous Toxicity Sampler | \$200.00 | | |

| Equipment/Supplies | Unit Cost |
|---|-----------|
| Disposable bailer | \$10.00 |
| Petroleum absorbent booms (8 inch diameter, 10 ft. sections) | \$50.00 |
| Petroleum absorbent pads (3/16", 18" x 18", 100 count) | \$60.00 |
| Petroleum absorbent pads (3/8", 18" x 18", 100 count) | \$75.00 |
| Petroleum absorbent sweeps (18" x 100' x 3/8") | \$95.00 |
| Reconditioned drums (17-H, 55-gallon) | \$30.00 |
| Soil and well sampling supplies (includes, but not limited to, ice, disposal of samples, twine or string, latex gloves, and decontamination materials. These supply costs are per sampling event and not per well.) | \$20.00 |
| Safety cones, barricades, caution tape | \$10.00 |
| Straw bales | \$5.00 |
| Grass seed (contractor – 10 lb) | \$10.00 |
| Disposable camera and film development | \$15.00 |

2.0 Vehicles

Reimbursement is only for mileage within Tennessee with a maximum 250 miles round trip. If the vehicle size is not specified, the lowest rate will be applied.

| Vehicle | Rate |
|---|------------|
| Autos/pick-up trucks (cost/mile) | \$0.46 |
| Three/quarter (3/4) ton truck (cost/mile) | \$0.65 |
| Vacuum truck/with driver | |
| cost/hour | \$120.00 |
| cost/week 25-40 hours | \$2,880.00 |
| cost/hour over 40 hours | \$72.00 |

| Mobilization and Demobilization | Rate |
|--|----------|
| Vacuum truck with driver (cost/mile) | \$2.00 |
| Maximum billing (250 miles round trip) | \$500.00 |

3.0 Disposal and Treatment of Contaminated Soil

Contaminated soil and clean soil must be segregated. **Disposal of soil with contaminant concentrations below the Division's initial screening levels will not be reimbursed. All invoices and weight tickets shall be submitted regardless of the treatment method. Reimbursement will be limited to actual costs plus a maximum 5% markup not to exceed the following rates:**

| Treatment | Per Ton |
|---|-----------|
| Land farming | \$28.00 |
| Landfill | cost + 5% |
| Transportation (less than 50 miles one way) | \$8.00 |
| Transportation (50 – 100 miles one way) | \$11.00 |
| Transportation (over 100 miles one way) | \$13.00 |

4.0 Disposal and Treatment of Contaminated Water

Reimbursement is limited to water treated at a permitted water treatment facility. The Fund will not pay a per gallon rate for water treated on site. Original invoices and manifests, including the volume of water treated shall be submitted. **Reimbursement will be limited to actual costs plus a maximum 5% markup not to exceed the following rate:**

| Contents | Per Gallon |
|----------|------------|
| Water | \$0.50 |

5.0 Drum Disposal of soil or water

Soil and water that is drummed is not considered the most efficient way of handling contamination and will be scrutinized. **Reimbursement will be limited to actual costs plus a maximum 5% markup not to exceed the following rates (rates already include transportation):**

| Contents | Per Drum |
|------------------------|----------|
| Water | \$85.00 |
| Soil | \$85.00 |
| Used booms, pads, etc. | \$85.00 |

6.0 Drilling

Equipment included in mobilization/demobilization costs are: rig, support vehicles, steam cleaner, grout plant, trailers, and crew. Price per foot costs include: drill rig, set up fee, installation, development, sand, bentonite, cement, flush mount manhole, lock, end plug, casing, and screen. CACs should negotiate prices with drillers prior to drilling. **Reimbursement will be limited to actual costs plus a maximum 15% markup not to exceed the following rates:**

| Drilling Method and Equipment | Rate |
|--|-------------|
| Auger rig/core rig/wash rotary rig (cost/mile with a maximum of 250 miles round trip) | \$2.50 |
| Air Rotary Rig (cost/mile with a maximum of 250 miles round trip) | \$3.75 |
| Auger drilling [cost/foot including two (2) man crew] | |
| Two (2) inch wells | \$31.00 |
| Four (4) inch wells | \$39.00 |
| Air rotary drilling [cost/foot including two (2) man crew] | |
| Two (2) inch wells | \$42.00 |
| Four (4) inch wells | \$50.00 |
| Double cased well [cost/foot to drill and install outside casing including two (2) man crew, steel casing, and grouting] | |
| Six (6) inch | \$55.00 |
| Eight (8) inch | \$65.00 |
| Well abandonment (includes licensed well driller, equipment, and supplies) (cost/foot) | \$10.00 |
| Borings (cost/foot) | \$13.00 |
| Decontamination of rig and tools (cost/boring includes steam cleaner rental) | \$100.00 |
| Standby time not due to the driller (cost/day with maximum of 1 hour) | \$150.00 |
| Third man for drilling (cost/hour) | \$25.00 |
| Water truck (only if water is not available at facility) (cost/day) | \$200.00 |
| Water tight bolt down manhole (one per well - all sizes) | \$50.00 |
| Centralizers-stainless steel (cost/per unit) | |
| Two (2) inch | \$21.00 |
| Four (4) inch | \$23.00 |
| Concrete penetration (cost/hole) | \$50.00 |
| Removal of manhole cover and well pad (cost/well) | \$125.00 |
| Freight charges on well installation, drilling supplies, casing, screen, bentonite, etc. | Actual cost |

| Direct Push Technology and Equipment | Rate |
|---|-------------|
| Mobilization/demobilization (cost/mile with a maximum of 250 miles round trip) | \$2.00 |
| Direct push [cost/day including a two (2) man crew] | \$1,300.00 |
| Direct push [cost/half-day including a two (2) man crew] | \$975.00 |
| Soil sample liners (cost/unit) | \$4.25 |
| Soil gas survey sample train using nylon tubing (cost/sample train) | \$25.00 |
| Expendable probe points (cost/unit) | \$8.75 |
| Expendable soil gas probe (cost/unit) | \$19.00 |
| Temporary well (cost/foot) | \$4.00 |
| Bentonite (cost/50-lb bag) | \$10.00 |

| Sampling Method | Rate |
|---|-------------|
| Split spoon sampling (ASTM-D1586) [cost/two (2) foot sampler] | \$15.00 |
| Continuous sampling [cost/five (5) foot sampler] | \$37.50 |

7.0 Laboratory Analyses

Invoices must include the Facility ID number. Only analytical results required by the Division will be reimbursed. NPDES, POTW, and TCLP, and other required costs associated with approved Division activities will also be reimbursed. The chain of custody for the samples should always be submitted with any analytical charges. Samples received by the laboratory above the required temperature of 4 degrees Celsius will not be reimbursed. When sampling a drinking water supply, the detection limit shall not exceed the established MCL for that constituent. Any sample that fails to meet minimum detection limits will not be reimbursed. **The following analytical results will be reimbursed at actual cost plus a maximum \$10.00 markup not to exceed the following rates:**

| Soil Samples | | Maximum Rate |
|--|------------------|--------------|
| Chemical of Concern | Method | |
| BTEX, MtBE, Naphthalene | Method 8260B | \$90.00 |
| BTEX, MtBE, Naphthalene, EDB, EDC | Method 8260B | \$130.00 |
| PAHs | Method 8270C | \$130.00 |
| Metals (Cd, Cr, Pb, Ag, Zn) | Method 6010/3050 | \$75.00 |
| Lead (Pb) only | Method 6010/3050 | \$15.00 |
| TCLP | Method 1311 | \$400.00 |
| Extractable Petroleum Hydrocarbons (EPH) | TN EPH | \$52.00 |

| Water Samples | | Maximum Rate |
|-----------------------------------|--------------------------|--------------|
| Chemical of Concern | Method | |
| BTEX, MtBE, Naphthalene | Method 8260B | \$90.00 |
| BTEX, MtBE, Naphthalene, EDB, EDC | Method 8260B | \$110.00 |
| EDB only | Method 8011 | \$55.00 |
| PAHs | Method 8270C-SIM or 8310 | \$130.00 |
| Metals (Cd, Cr, Pb, Ag, Zn) | Method 200.7 | \$75.00 |
| Metals (Cd, Cr, Pb) only | Method 200.7 | \$45.00 |
| Lead (Pb) only | Method 200.7 | \$15.00 |
| Oil & Grease | Method 413.1 or 418.1 | \$37.00 |
| Total suspended solids | Method 160.2 | \$17.00 |
| Natural attenuation parameters | Various | \$175.00 |
| LC50 or IP25 Toxicity Test | Method LC50 or IP25 | \$400.00 |

| Air Samples | | Maximum Rate |
|--|--------------|--------------|
| Chemical of Concern | Method | |
| BTEX, MtBE, Naphthalene, Isopropyl Alcohol (includes SUMMA [®] canister rental) | Method TO-15 | \$200.00 |
| Percent O ₂ and CO ₂ (must be analyzed concurrently from SUMMA [®] sample above) | Method TO-15 | \$100.00 |
| BTEX, MtBE, Naphthalene, Isopropyl Alcohol, Percent O ₂ and CO ₂ ** See Section VIII, 1.0 Portable Field Instruments – Mobile GC Lab. Sample analysis is not covered. The actual cost of the portable GC is what is reimbursed. | Method 8260B | ** |

**Reference 1 Chemicals of Concern
Tennessee Division of Underground Storage Tanks
Effective September 1, 2006**

| Product Released | Chemicals To Sample Drinking Water | Chemicals To Sample Non-Drinking Water | Chemicals To Sample Surface Drinking Water*** | Chemicals To Sample Surface Non-Drinking Water*** |
|---------------------------------|---|--|---|--|
| Gasoline | Benzene Ethylbenzene Toluene Total Xylenes MtBE Naphthalene | Benzene Ethylbenzene Toluene Total Xylenes MtBE Naphthalene | Benzene Ethylbenzene Toluene Total Xylenes | Benzene Ethylbenzene Toluene |
| Diesel* Jet Fuel Kerosene | Benzene Ethylbenzene Toluene Total Xylenes MtBE PAHs | Benzene Ethylbenzene Toluene Total Xylenes MtBE Naphthalene | Benzene Ethylbenzene Toluene Total Xylenes Benzo(a)pyrene | Benzene Ethylbenzene Toluene Modified PAHs**** |
| Waste Oil* Used Oil | PAHs Cadmium Chromium, Total Lead, Total Silver Zinc | Naphthalene | Benzo(a)pyrene Cadmium Chromium, Total Lead, Total | Modified PAHs**** |
| Aviation Fuel* | Benzene Ethylbenzene Toluene Total Xylenes MtBE EDB***** EDC PAHs Lead, Total | Benzene Ethylbenzene Toluene Total Xylenes MtBE Naphthalene EDB EDC | Benzene Ethylbenzene Toluene Total Xylenes EDB***** EDC Benzo(a)pyrene Lead, Total | Benzene Ethylbenzene Toluene EDC Modified PAHs**** |
| Unknown** | Aviation + Waste Oil | Aviation + Waste Oil | Aviation + Waste Oil | Aviation + Waste Oil |

*EPH to be sampled only during closure and analyzed by TN Extractable Petroleum Hydrocarbons (EPH) Method. If overexcavation occurs during closure, EPH may be sampled, as approved by the Division.

**Tanks with unknown contents will be required to analyze all COCs

***Chemicals to be sampled only at the surface water receptor

****Modified PAHs - Reference 2 list minus Acenaphthylene, Benzo(g,h,i)perylene, Naphthalene, and Phenanthrene

*****EDB ground water samples shall be analyzed by EPA method 8011

Note: GRO is no longer required

Note: BTEX, MtBE, Naphth., EDB, and EDC shall be analyzed by EPA method 8260B

Note: PAHs in water shall be analyzed by either EPA method 8270C SIM or EPA method 8310 (water samples shall be field filtered using a 4 micron filter); PAHs in soil use 8270C

Note: Metals shall be analyzed by EPA method 200.7 for water and EPA method 6010/3050 for soil

Reference 2 Tennessee PAH List
Tennessee Division of Underground Storage Tanks
Effective September 1, 2006

| Tennessee PAH List |
|---------------------------|
| Acenaphthene |
| Acenaphthylene |
| Anthracene |
| Benzo(a)anthracene |
| Benzo(a)pyrene |
| Benzo(b)fluoranthene |
| Benzo(g,h,i)perylene |
| Benzo(k)fluoranthene |
| Chrysene |
| Dibenzo(a,h)anthracene |
| Fluoranthene |
| Fluorene |
| Indeno(1,2,3-c,d)pyrene |
| Naphthalene |
| Phenanthrene |
| Pyrene |

8.0 Travel Expenses/Per-Diem

Meals will not be reimbursed without a corresponding hotel/motel receipt. Only one day of meals will be reimbursed per overnight stay.

| Professional Travel/per-diem | Maximum Lodging Costs | Maximum Meals & Incidental Costs |
|---|------------------------------|---|
| Davidson (Nashville) | \$99.00 | \$54.00 |
| Shelby (Memphis) | \$83.00 | \$49.00 |
| Williamson (Brentwood/Franklin) | \$82.00 | \$49.00 |
| Hamilton (Chattanooga) | \$81.00 | \$44.00 |
| Knox (Knoxville) | \$74.00 | \$49.00 |
| Anderson (Oak Ridge) | \$72.00 | \$39.00 |
| Sevier and Blount (Gatlinburg/Townsend) | \$67.00 | \$60.00 |
| All other counties | \$65.00 | \$39.00 |

| Professional Travel Time | Maximum Hours |
|---|----------------------|
| One-way per trip based on professional staff description and rate | 2 |
| Round trip based on professional staff description and rate | 4 |

9.0 Applications/Proposals/Reports/Submittals

The following Division required application, proposal, report, and submittal costs are limited to these maximum reimbursable amounts. The reimbursement application must reflect details of each submittal on a separate Applications/Proposals/Reports/Submittals supplemental page. Each supplemental page includes the name and date of the report, names and titles of employees, and number of hours to complete the document.

| Applications/Proposals/Reports/Submittals | Maximum Cost |
|--|---------------------|
| UST Closure | |
| TRBCA Closure Report | \$500.00 |
| Soil Stockpile Sampling Report (TGD-005) | \$280.00 |
| Overexcavation Report | \$760.00 |
| Application to Treat Petroleum Contaminated Soil (TGD-009) | \$150.00 |
| Soil Treatment and Disposal Report | \$280.00 |
| Hazard Notification Report | \$65.00 |
| Site Check Report (TGD-012) | \$2,200.00 |
| Initial Response and Hazard Management Report (IRHMR) | \$1,400.00 |
| Hazard Management Report | \$300.00 |
| Mobile Enhanced Multi-phase Extraction (MEME) (TGD-016) | |
| Application to Perform MEME | \$300.00 |
| MEME Report | \$300.00 |
| Free Product Removal | |
| Free Product Investigation Report | TBD |
| Free Product Removal Plan | TBD |
| Initial Site Characterization Report | \$4,000.00 |
| Additional Monitoring Well Installation Proposal | \$130.00 |
| Additional Monitoring Well Installation Report | \$300.00 |
| Exposure Assessment Report (TGD-017) | \$1,000.00 |
| Additional Remediation and/or Risk Management Response Submittal | \$65.00 |
| Additional Remediation and/or Risk Management Evaluation | \$600.00 |
| Risk Analysis Report (latest version) | \$250.00 |
| Soil Gas Survey (TGD-018) | |
| Soil Gas Survey Application | \$300.00 |
| Soil Gas Survey Report | \$520.00 |
| Source Removal (Overexcavation) | |
| Source Removal Proposal | \$195.00 |
| Source Removal Report | \$760.00 |
| Risk Reduction | |
| Risk Reduction Proposal | \$195.00 |
| Risk Reduction Report | \$520.00 |
| Institutional Controls | |
| Institutional Control Proposal | \$195.00 |
| Institutional Control Report | \$80.00 |
| Engineering Controls | |
| Engineering Control Proposal | \$195.00 |

| | |
|--|-------------|
| Engineering Control Report | \$185.00 |
| Advanced Risk Model | |
| Advanced Risk Model Proposal | \$195.00 |
| Advanced Risk Model Report | \$1,500.00 |
| Corrective Action Plan (CAP) | |
| CAP On-property Soil Contamination | \$3,200.00 |
| CAP On-property and Off-property Ground Water Contamination | \$4,300.00 |
| CAP On-property and Off-property Contamination | \$5,000.00 |
| Monitoring Reports (TGD-007) | |
| Comprehensive Monitoring Report (ground water and soil) | \$910.00 |
| Comprehensive Monitoring Report (ground water only) | \$800.00 |
| Comprehensive Monitoring Report (soil only) | \$725.00 |
| Site Status Monitoring Report (ground water and soil) | \$840.00 |
| Site Status Monitoring Report (ground water only) | \$760.00 |
| Site Status Monitoring Report (soil only) | \$660.00 |
| Corrective Action Monitoring Report (with as-built diagram) (ground water) | \$1,800.00 |
| Corrective Action Monitoring Report (with as-built diagram) (initial report soil only) | \$1,000.00 |
| Corrective Action Monitoring Report (semi-annual) (ground water) | \$1,600.00 |
| Corrective Action Monitoring Report (semi-annual) (soil only) | \$430.00 |
| Permit Applications and Discharge Monitoring Reports | |
| NPDES Permit Application | \$370.00 |
| Discharge Monitoring Report (DMR)* | \$130.00 |
| POTW Application | \$370.00 |
| POTW Report* | \$130.00 |
| Air Emissions Application | \$260.00 |
| Air Exceedance Report | \$130.00 |
| Annual Air Emissions Report | \$260.00 |
| Monitoring Well Maintenance Fee – no markup (Shelby County) | \$100.00 |
| Class V Underground Injection Well Application (TGD-003) | \$370.00 |
| Monitoring Well Permit – no markup (Shelby County) | \$125.00 |
| Right-of-way Bond – no markup | actual cost |
| Miscellaneous Applications/Proposals/Reports/Submittals | |
| Field Work Notification | \$25.00 |
| Boring Log Installation submittal | \$65.00 |
| Public Notice of Corrective Action | \$65.00 |
| Corrective Action System Deactivation Report | \$65.00 |
| Monitoring Well Abandonment Report | \$65.00 |

***If GRO and/or EPH are required to be sampled for permit requirements, then you must submit a copy of the discharge approval letter with the reimbursement application.**

INSTRUCTIONS FOR COMPLETING THE TENNESSEE UST FUND ELIGIBILITY APPLICATION

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE PREPARING THE APPLICATION

GENERAL INSTRUCTIONS

The eligibility application must be submitted within sixty (60) days of release confirmation or ninety (90) days from the discovery of a suspected release. Reimbursement applications will not be processed unless the eligibility application has been submitted and eligibility approved. Once this application has been processed and eligibility is approved, an additional eligibility application is not required, unless another release occurs. A Fund eligibility application must be submitted for each release occurring at the site.

The Division of Underground Storage Tanks (Division) will determine the eligibility of each site. Once eligibility has been approved, the Division reserves the right to deny coverage for investigation and/or corrective action costs including, but not limited to, failure to stabilize the site, failure to meet deadlines established by the Division, and failure to be in substantial compliance with the UST regulations.

Section 1. Facility Information

Provide the facility name, seven-digit identification number, street address, and telephone number.

Section 2. Responsible Party Information

Provide the name and address of the person or company that will be taking responsibility for site investigation and/or cleanup activities. Provide the name and telephone number of the contact person.

Applicant type: Place an "X" in the appropriate blank or blanks if more than one applies. If "Other" is marked, then provide the relationship of the applicant to the tank owner. Provide the date the responsible party purchased or began operation of the facility. Provide the number of underground storage tanks operated in Tennessee by the responsible party.

Section 3. Discovery of Contamination

Provide the date the contamination was discovered and the date it was reported to the Division. Rule 1200-1-15-.05(1) and/or 1200-1-15-.06(3)(a) state in part that a release of petroleum must be reported to the Division within 72 hours after discovery.

To answer what events led to the discovery, place an "X" in the applicable space(s). If "Other" is marked, then provide an explanation of what led to the discovery of the contamination.

Section 4. Pollution Liability Coverage

Indicate if you have pollution liability coverage insurance. If you have the referenced insurance coverage, then provide the name of the insurance company and the policy number. **Costs recovered by private insurance for containment, investigation, and/or corrective action will not be reimbursed by the Fund.**

Section 5. Contractor/Consultant Information

Provide the name of the Corrective Action Contractor (CAC) that will be responsible for corrective action at this facility. Provide the name and telephone number of the contact person. To obtain reimbursement, a Tennessee approved CAC shall be selected and a copy of a signed contract between the two parties shall be submitted to the Division. The contract is required to contain the following verbiage from Rule 1200-1-15-.09(15)(b)(2)(v):

“If the CAC is not the owner or operator of the tank that caused the release, the CAC will have a written contract with the underground storage tank owner and/or operator or petroleum site owner, and the contract shall contain the following sentence conspicuously located on the first page of the contract:

“The Corrective Action Contractor will/will not (mark one) use the Department’s reasonable rate schedule when invoicing the owner and/or operator or petroleum site owner for the expenses incurred in the investigation and cleanup of this site.”

If a copy of the signed contract is not provided to the Division with the required verbiage, then you will not receive reimbursement for any eligible costs. In order to be fully reimbursed, expenditures shall stay within the range of costs the Division considers to be reasonable and eligible.

Section 6. (Optional) Application for Reduced Deductible

Only complete this section if one or more of the criteria listed on the form were in place for all applicable tanks at the facility at the time of the release. Also, only complete this section if the release occurred on or after September 1, 2005.

For releases that meet the criteria outlined above, the tank owner, operator, and/or petroleum site owner may apply for a reduction of the financial responsibility requirement (the deductible) for corrective action. Copies of documentation verifying each marked criteria should be attached to the form. If documentation is not available, then the local Environmental Field Office may be contacted to perform an on-site verification (if possible). Only those criteria, which have been verified to the satisfaction of the Division, will result in a lower deductible.

Section 7. Responsible Party Certification

Complete this section with an original signature. Provide the title of the person authorized to sign the document. Failure to sign this application will cause delays in processing.

TENNESSEE UST FUND ELIGIBILITY APPLICATION
DEPARTMENT OF ENVIRONMENT & CONSERVATION
DIVISION OF UNDERGROUND STORAGE TANKS
4th Floor, L & C Tower
401 Church Street
Nashville, TN 37243

CHECKLIST OF ATTACHMENTS WITH THIS APPLICATION

Attached

Copy of Certified Division Letter that notified the owner of the release _____

Copy of Contract between responsible party and Corrective Action Contractor _____
(Failure to submit a copy of this contract may result in nonpayment from the Fund)

Section 6. Attach copies of documentation verifying each selected criteria for reduced deductible _____
(If documentation is not available, then you may request on-site verification by contacting the local Environmental Field Office)

Other (describe): _____

SECTION 1. FACILITY INFORMATION

Facility Name _____ Facility ID # _____

Address _____ (_____) _____
Street City Zip Phone

SECTION 2. RESPONSIBLE PARTY INFORMATION

Name _____ FID or Social Security number _____

Address _____
Street City State Zip

Contact person _____ Phone (_____) _____

Applicant type: Tank owner () Property owner () Operator () Other (describe) _____
(Check all that apply)

Date facility was purchased _____ Number of USTs operated in TN _____

SECTION 3. DISCOVERY OF CONTAMINATION

Date contamination discovered _____ Date reported to the Division _____

What events led to the discovery? Property assessment () Closure () Off-Site impact ()

Release Detection Records () Free product () Vapors () Impacted water supply ()

Other (describe) _____

SECTION 4. POLLUTION LIABILITY COVERAGE

Do you have pollution liability coverage other than the State Fund? Yes _____ No _____

If yes, name of company _____

If yes, policy number _____

Costs recovered by private insurance for containment, investigation, and/or corrective action will not be reimbursed by the Fund.

SECTION 5. CONTRACTOR/CONSULTANT INFORMATION

Company name License # (SS#/FIN#)

Contact person Phone

Company name License # (SS#/FIN#)

Contact person Phone

SECTION 6. (OPTIONAL) APPLICATION FOR REDUCED DEDUCTIBLE

Mark the criteria met for all applicable tanks at this facility:

- _____ Double wall tank(s)
- _____ Secondary containment chase piping enclosing fiberglass primary piping or flexible plastic piping with containment sumps at piping joints
- _____ Containment sumps at submersible turbine pumps
- _____ Containment sumps under dispensers
- _____ Continuous in-tank leak detection

SECTION 7. APPLICANT CERTIFICATION

I agree to be reimbursed from the Fund for costs the State deems to be reasonable and necessary. I certify all information on this application is correct and accurate to the best of my knowledge. Submitting false information to obtain reimbursement from the Underground Storage Tank Fund may result in criminal prosecution.

Print or type applicant's name Applicant's title

Applicant's signature Date

Do not write below this line

*****Departmental Use Only*****

Reviewer's signature: _____ Date: _____

Fund eligibility has been: Approved (_____) Denied (_____)

Application number assigned: _____

INSTRUCTIONS FOR COMPLETING THE TENNESSEE UST REIMBURSEMENT APPLICATION

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE PREPARING THE APPLICATION

GENERAL INSTRUCTIONS

This application provides the responsible party a standardized mechanism to request reimbursement of reasonable and eligible expenditures. To obtain reimbursement, the responsible party must use the Division's application and submit supporting documentation to validate the claim. The cost to complete this application is **not** a Fund eligible expense, regardless of who completes the application. The Division may require a third party audit of all records that are submitted for reimbursement.

This document contains instructions, an application checklist, five (5) application pages, and nine (9) supplemental pages. The application checklist helps insure that the application being submitted is complete. Page 1 of the application contains information pertaining to the facility, responsible party, and a summary of the information contained in the application. Pages 2 and 3 are affidavits signed by the responsible party and Corrective Action Contractor (CAC). Page 4 is the Program Process Summary page that summarizes the cost for each cleanup activity. Page 5 provides itemized costs for each cleanup activity performed. The 9 supplemental pages are used for itemizing applicable invoices. Copies of additional supplemental pages may be attached as needed. The supplemental pages represent the following activities: Personnel, Rentals, Mileage, Hauling and Disposal, Well Construction and Abandonment, Analysis, Applications/Proposals/Reports/Submittals, Mobile Enhanced Multi-phase Extraction, and Miscellaneous. Only supplemental pages applicable to the current reimbursement application should be completed (e.g. if mileage is not requested for reimbursement, then the mileage supplemental page should not be included in the application).

The entire request must be printed in ink or typed (except signatures) and must be legible. Always include the seven-digit facility identification number on any correspondence pertaining to the site for which reimbursement is requested. **The application will not be processed without the facility ID number.** If the application is not complete, then delays in receiving reimbursement will occur. Supporting documentation, such as legible invoices, copies of canceled checks, certification affidavits for payment, proof of payment, subcontractor invoices, manifests, and chain of custody forms shall be submitted with the application.

Upon review of the application, additional documentation including, but not limited to, timesheets to verify hours billed, a signed affidavit from each individual stating what work was performed, copies of field notes, work approved by case manager, and/or any other documentation required by the Division may be required.

Initial, Subsequent, and Final Applications

There are three application types. Only one initial and one final application will be submitted per release. Fund eligibility must be approved before an initial reimbursement application is submitted. The initial reimbursement application shall not be submitted until the Initial Site Characterization Report has been completed and submitted in accordance with the September 2006 guidelines. The only exception to this is if contaminant levels are below the Division's initial screening levels and the case is closed. Include the process and the cleanup activity being performed on the applicable pages. Subsequent applications may be submitted at the completion of each activity until corrective action is implemented, then every 60 days thereafter. Work performed over one year prior to the application submittal will not be accepted nor reimbursed. The final application is the last application submitted for the release.

Deductible

The deductible will be determined for the release based on regulatory requirements. The deductible must consist of Fund eligible expenses. **Proof of payment of the deductible must always be submitted before reimbursement of approved costs can be made.** Proof of payment of the invoices should always be included with the reimbursement application when the check is to be issued directly to the responsible party. If proof of payment is not included with the reimbursement application, then the check will automatically be issued as a dual party check between the responsible party and the CAC.

Reimbursement of Capital Expense Items

If a corrective action contractor or individual purchases equipment for purposes of remediation of contaminated UST sites, they will not receive any assistance in recovering the costs of the equipment from the Underground Storage Tank Fund.

“Equipment” shall be defined as an article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds \$1,000.00.”

Documenting Internal Costs of Responsible Party

The owner/operator shall not receive financial gains from use of their own personnel or equipment. Reimbursement shall be limited to actual costs. Fees, markups, commissions, or other considerations will not be paid. Documenting personnel costs includes submittal of detailed time logs that confirm the specific dates, time, and location the employee worked. Submit a description of each activity performed. Documentation of each employee's salary (e.g., W-2 forms, payroll register, etc.) must also be included. A multiplier of 1.5 may be applied to the employee's salary to cover costs for fringe benefits, but should not exceed the amounts listed in the cost list. Administrative and management costs are not reimbursable. Documenting equipment used includes submitting a description of each piece of equipment used; a time log confirming the specific dates, times, and location where this equipment was used; and a description of the function performed. Reimbursement will be granted at seventy five percent (75%) of the listed price for similar equipment.

Subcontractors

Subcontractors may be used to assist the CAC. The following guidelines will be applicable to all expenses incurred through the use of subcontractors:

A legible copy of the subcontractor's invoice must be submitted with the CAC's invoice. The subcontractor's invoice must specifically list the type and quantity of the work or service performed, dates the work was performed, rental rates, and other applicable itemized charges.

Subcontractor charges for goods or services not listed in the cost list will be reimbursed to the CAC at actual cost plus a one time maximum markup of fifteen percent (15%).

Appeals

Informal appeals submitted to the Reimbursement Section must state they are being submitted on the behalf of the responsible party. The appeal must contain the name and address of the responsible party and the name and facility number of the site for which the appeal is submitted. The appeal must contain the total amount of the appeal and identify the task and event being appealed. Appeals should be supported by sufficient back up information to support the appealed costs.

Instructions for Completing the Reimbursement Application

Page 1, Tennessee UST Reimbursement Application

Page one of the application must be completed in its entirety. The first section must contain the seven-digit facility ID number, the name, and the address of the facility. Provide the name and address of the responsible party. Provide the name and telephone number of a contact person. Select the applicant type. If “Other” is checked, then provide the relationship of the applicant to the tank owner.

In Section 3, list the total costs, as indicated on the Program Process Summary (page 4), for each phase of investigation or clean-up and total the amount of this request. Include the dates the work was performed. Do not overlap the dates on subsequent requests. All invoices must be for work performed during the timeframe indicated on this page. Select the type of reimbursement request for this site. If this request is a “subsequent” request, then please indicate the request number (e.g. 2, 3, 4, etc.). Do not claim expenses, which were claimed on a previous request. List the name, company, and telephone number of the person completing the request.

Page 2 and 3: Responsible Party Certification Affidavit and Corrective Action Contractor Certification Affidavit

These certification pages must be originals, completed in their entirety, signed (in blue ink), and notarized. Include the Federal ID or Social Security Number on the Responsible Party Certification Affidavit. Only list the social security number if it is used as the business tax number. The Responsible Party Certification Affidavit will determine where the reimbursement check will be mailed. In most cases, this should be the name and address of the responsible party that was listed on the Application for Fund Eligibility. Proof of payment for the deductible for each release must be provided to the Division before any reimbursement can be paid. For all applications submitted after the deductible has been satisfied, if proof of payment is not provided, then the check will automatically be issued as a dual payment between the responsible party and the corrective action contractor.

Page 4, Program Process Summary

Program processes consist of five major phases of site rehabilitation and an “other” category. Page 4 may be reproduced to meet the needs of the application. There should be one page 4 for each process performed. Please do not alter the format or change the page numbers on pages 1 through 5. Enter the cost for the process being performed. The information on page 4 must be supported by the information provided on page 5.

Program process:

- A. UST System Closure: Reimbursable items associated with this process include the disposal of contaminated pit water, tank pit over-excavation (if analytical results exceed the initial screening levels), and/or monitoring well installation associated with ground water use determination.
- B. Hazard Management: Reimbursable items associated with this process include costs associated with emergency response, soil/water removal and disposal, and providing alternate water supplies. These activities, including preparation and submittal of the Initial Response and Hazard Management Report, should be performed within the first sixty (60) days of the discovery of the release.
- C. Release Investigation: Reimbursable items associated with this process include costs associated with the preliminary site investigation, cleanup event(s) necessary to confirm the release, and preparation and submittal of the Initial Site Characterization Report.
- D. Risk Management and Corrective Action: Reimbursable items associated with this process include costs associated with the implementation of the Corrective Action Plan. These items include the cost of writing the CAP, the installation of the remediation system, and the monitoring, operation, and management of the system.
- E. Final Site Closure: Reimbursable items associated with this process include costs associated with final cleanup work at a site. These items should include closure monitoring, well abandonment activities, and removal of remediation equipment.
- F. Other: Any costs that do not pertain to a specific category. Please describe the task thoroughly.

Page 5, Cost Description per Cleanup Activity

Cleanup activities are subdivided into twelve separate categories. Page 5 may be reproduced to meet the needs of the application. There should be one page 5 for each process performed. Please do not alter the format or change

the page numbers on pages 1 through 5. Enter the cost for the activity being performed. Include the process being performed (from page 4) and a brief description of the work being performed.

Cleanup Activity:

1. Free Product Removal: All costs associated with recovery of free product from subsurface soil and water.
2. Soil Removal: Costs associated with excavation and removal of soils contaminated with petroleum contaminant concentrations above the Division's initial screening levels or approved site-specific cleanup levels. These costs may also include the costs of heavy equipment rentals and the cost of plastic barriers.
3. Soil Treatment: Costs associated with passive or active soil venting, aeration, bioremediation, landfilling, land farming, and hauling costs.
4. Water Treatment: Costs associated with hauling and disposal of contaminated water or pumping and treating, equipment rental, etc.
5. Monitoring: Costs associated with TGD - 007 (monitoring at UST sites). This includes personnel, laboratory analysis, rental equipment, sampling supplies, mileage, etc.
6. Mobile Enhanced Multi-phase Extraction (MEME): Costs associated with TGD-016. These costs include equipment, personnel, water disposal, mileage, etc. If more than one MEME event is included in an application, then all MEME event costs shall be totaled and applied for on page 4. Applicable supplemental pages should support the information provided on page 4.
7. Off-Site Rehabilitation: Cost associated with any work that is necessary to remediate off-site damages caused by a release. These costs will include the costs of remediating contamination, cosmetic replacement (not improvement or enhancement), right of access to property, etc.
8. Site Assessment: Costs associated with site investigation. These costs could include the cost of soil borings, well drilling, sampling and analysis, tank tightness test (if instructed by Division).
9. Applications/Reports/Proposals/Submittals: Costs of preparing all required submittals. This cost should include the time spent in the place of business preparing written submittals. (Do not include time spent in the field).
10. Implementation of Corrective Action Plan (CAP): Cost of installation and startup of the remediation system(s).
11. Operation and Maintenance: Cost of operating the remediation system and any repairs or maintenance to the system.
12. Other/closure: All costs associated with tasks that do not pertain to a specific category (must have prior approval by the Division), or anything associated with closure of the site (i.e., well abandonment, removal of equipment, etc.). Also include a detailed description of the task.

Instructions for completing Supplemental Pages

These pages may be reproduced to meet your needs but must contain the same information.

Personnel: Use the staff titles listed in Section VII. 1.0 Staff Descriptions of this RGD. Using these staff titles will help resolve the disallowed cost/appeal procedure. List the information pertaining to each individual who worked on this project for this claim period. Names of specific individuals must be used in all categories. Hours must be billed according to the work performed, not the title of the individual. For example, if an engineer works one (1) hour typing a report, the hour must be billed at the secretary rate. If the engineer works one (1) hour as project manager, then the hour must be billed at the project manager rate to avoid the rates being cut to the engineer rate.

Rental: List eligible equipment charged at the established and appropriate hourly, daily, or weekly rate(s) and time(s) used on site. The cost of renting equipment must not exceed the purchase price of the equipment.

Mileage: The State reimbursable rates are \$0.46 per mile for vehicles and \$0.65 for 3/4 ton or larger trucks. If the mileage per invoice totals more than 250 miles, the number of trips should be specified or each trip listed separately.

Hauling and Disposal: Include all costs associated with hauling and disposal of contaminated soil and/or water. Include land filling or land farming manifests, and drum disposal tickets.

Well Construction and Abandonment: Include all costs incurred in constructing a well. Please summarize the cost for each well into a unit cost per foot. List all sampling, per diem, and mobilization costs, associated with well drilling, separately. Well abandonment should also be included on this page and each well properly identified. All well construction and abandonment must be performed by a Tennessee licensed well driller.

Analyses: List only the required laboratory analysis.

Applications, Proposals, Reports, Submittals: Include all costs related to each submittal on one (1) page. If the cost for more than one (1) submittal is included for a process, then complete a separate Applications, Proposals, Reports, Submittals supplemental page for each submittal. For example, if the costs of six (6) DMRs and one (1) Corrective Action Monitoring Report are being requested, then submit a total of seven (7) supplemental pages, one for each report. The cost for all submittals will be totaled and included on one (1) page five under the cleanup activity entitled Applications, Proposals, Reports, Submittals. Do not submit the cost of the submittal until the total cost of the submittal is incurred, unless the Division has suspended the submittal (partial submittals may be applied for only under these circumstances).

Mobile Enhanced Multi-phase Extraction: Include all costs related to each MEME event except the preparation of the MEME application and the final report. Submit one (1) MEME supplemental page for each MEME event performed.

Miscellaneous: Include supplies, permits, per diem, utilities and any other items, which do not pertain to specific categories.

TENNESSEE UST REIMBURSEMENT APPLICATION

CHECKLIST OF ATTACHMENTS WITH THIS APPLICATION

Attached

Page 1 Tennessee UST Reimbursement Application (required) _____

Page 2 Responsible Party Certification Affidavit, notarized (required) _____

Page 3 Corrective Action Contractor Certification Affidavit, notarized (required) _____

Page 4 Program Process Summary (total number of pages) _____

Enter # of pages submitted

| | |
|---------------------------------------|-------|
| UST Closure | _____ |
| Hazard Management | _____ |
| Release Investigation | _____ |
| Risk Management and Corrective Action | _____ |
| Final Site Closure | _____ |
| Other | _____ |

Page 5 Cost Description per Cleanup Activity (total number of pages) _____

| | |
|--|-------|
| Free Product Removal | _____ |
| Soil Removal | _____ |
| Soil Treatment | _____ |
| Water Treatment | _____ |
| Monitoring | _____ |
| Mobile Enhanced Multi-phase Extraction | _____ |
| Off-site Rehabilitation | _____ |
| Site Assessment | _____ |
| Applications, Proposals, Reports, Submittals | _____ |
| Implementation of CAP | _____ |
| Operation and Maintenance | _____ |
| Other/Closure | _____ |

Supplemental Pages (total number of pages) _____

| | |
|--|-------|
| Personnel | _____ |
| Rental | _____ |
| Mileage | _____ |
| Hauling and Disposal | _____ |
| Well Construction and Abandonment | _____ |
| Analyses | _____ |
| Applications, Proposals, Reports, Submittals | _____ |
| Mobile Enhanced Multi-phase Extraction | _____ |
| Miscellaneous | _____ |

PROOF OF PAYMENT: _____

Other (describe): _____

SECTION 1. FACILITY INFORMATION

SECTION 2. RESPONSIBLE PARTY INFORMATION

SECTION 3. APPLICATION SUMMARY

| |
|-----------------------------------|
| DEPARTMENTAL USE ONLY |
| X _____ Deductible (10 or 20%) |
| - _____ Deductible Amount |
| <hr/> \$ APPROVED TO PAY |

Do not write below this line *****Departmental Use Only*****

TENNESSEE UST REIMBURSEMENT APPLICATION

RESPONSIBLE PARTY CERTIFICATION AFFIDAVIT

I certify to the best of my knowledge and belief that the costs presented herein represent actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; that an accidental release has occurred from a petroleum underground storage tank system at this site; and that no charges are presented as part of this application that do not directly relate to the performance of corrective actions related to the release of petroleum at this site.

I warrant that I have not received any fees, commission, percentage, gift, or other consideration as a result of my employment of a person, company, corporation, individual, or firm for purposes of site rehabilitation.

_____, I concur that a dual party check should be issued between _____ and _____
(yes/no) (responsible party) (CAC)

Indicate if any financial, familial, or other beneficial relationship exists between the site owner or operator, the "person responsible for site rehabilitation," and the cleanup contractor.

YES _____ NO _____

If such a beneficial relationship exists, attach a detailed explanation to this affidavit.

THE REIMBURSEMENT CHECK WILL BE MAILED TO THE ADDRESS LISTED ON THIS PAGE

Facility name

Facility ID #

Name of responsible party (RP) company

Address

City, State, Zip

Phone

Print name of RP representative

Title

Signature of RP representative

Date

Federal tax ID or social security number

STATE OF _____ COUNTY OF _____

Before me personally appeared _____, who executed
said instrument for the purposes therein expressed.

Witness my hand and official seal, this _____ day of _____, 20____

Notary public (print name)

Notary public signature

My commission expires _____.

Stamp

TENNESSEE UST REIMBURSEMENT APPLICATION

CORRECTIVE ACTION CONTRACTOR CERTIFICATION AFFIDAVIT

I certify to the best of my knowledge and belief that the costs presented herein represent actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; that an accidental release has occurred from a petroleum underground storage tank system at this site; and that no charges are presented as part of this application that do not directly relate to the performance of corrective actions related to the release of petroleum at this site.

I further certify that _____ has received payment from
(CAC company name)

_____ for the invoice(s) presented in this reimbursement application.
(responsible party)

| Payment Received Category* | Enter \$ amount for the applicable category (select one) |
|---|--|
| Full payment | |
| 10% deductible | |
| 20% deductible | |
| Reduced deductible for upgrade incentive | |
| \$20,000.00 deductible | |
| Partial payment received and request a dual party check be issued | |
| No payment received and request a dual party check | |

*Must match deductible amount included in the Fund eligibility approval letter

Facility name _____ Facility ID # _____

Name of CAC company _____ Address _____

City, State, Zip _____ Phone _____

Print name of CAC representative _____ Title _____

Signature of CAC representative _____ Date _____

STATE OF _____ COUNTY OF _____

Before me personally appeared _____, who executed
said instrument for the purposes therein expressed.

Witness my hand and official seal, this _____ day of _____, 20_____

Notary public (print name) _____ Notary public signature _____

My commission expires _____.

Stamp

TENNESSEE UST REIMBURSEMENT APPLICATION

PROGRAM PROCESS SUMMARY

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS

- A. UST CLOSURE
- B. HAZARD MANAGEMENT
- C. RELEASE INVESTIGATION
- D. RISK MANAGEMENT AND CORRECTIVE ACTION
- E. FINAL SITE CLOSURE
- F. OTHER

Enter one of the above listed processes: _____

| APPLICANT USE | | DIVISION USE ONLY | |
|--|-------------|-------------------|-----------------|
| <u>CLEANUP ACTIVITY</u> | <u>COST</u> | <u>ADJUSTMENT</u> | <u>APPROVED</u> |
| 1. FREE PRODUCT REMOVAL | _____ | _____ | _____ |
| 2. SOIL REMOVAL | _____ | _____ | _____ |
| 3. SOIL TREATMENT | _____ | _____ | _____ |
| 4. WATER TREATMENT | _____ | _____ | _____ |
| 5. MONITORING | _____ | _____ | _____ |
| 6. MEME | _____ | _____ | _____ |
| 7. OFF-SITE REHABILITATION | _____ | _____ | _____ |
| 8. SITE ASSESSMENT | _____ | _____ | _____ |
| 9. APPLICATIONS, PROPOSALS, REPORTS, SUBMITTALS | _____ | _____ | _____ |
| 10. IMPLEMENTATION OF CAP | _____ | _____ | _____ |
| 11. OPERATION & MAINTENANCE | _____ | _____ | _____ |
| 12. OTHER/CLOSURE | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| TOTAL | ===== | ===== | ===== |

TENNESSEE UST REIMBURSEMENT APPLICATION

COST DESCRIPTION PER CLEANUP ACTIVITY

FACILITY NAME _____ FACILITY ID # _____

Enter the program process being performed: _____
(from Program Process Summary Sheet)

CLEANUP ACTIVITY

- | | |
|---|--|
| 1 FREE PRODUCT REMOVAL 2 SOIL REMOVAL 3 SOIL TREATMENT 4 WATER TREATMENT 5 MONITORING 6 MEME | 7 OFF SITE REHABILITATION 8 SITE ASSESSMENT 9 APPLICATIONS, PROPOSALS, REPORTS, SUBMITTALS 10 IMPLEMENTATION OF CAP 11 OPERATION & MAINTENANCE 12 OTHER/CLOSURE |
|---|--|

Enter one of the above listed activities: _____

Items #6 and 9 above will have an additional supplemental page for each submittal or MEME included in this application. Total all submittal and/or MEME costs in this application and enter the amount on line g. or h. below, respectively.

Provide a description of work being performed: _____

| APPLICANT USE | | DIVISION USE ONLY | |
|---|-------------|-------------------|-----------------|
| <u>COST DESCRIPTION</u> | <u>COST</u> | <u>ADJUSTMENT</u> | <u>APPROVED</u> |
| a. PERSONNEL | _____ | _____ | _____ |
| b. RENTALS | _____ | _____ | _____ |
| c. MILEAGE | _____ | _____ | _____ |
| d. HAULING AND DISPOSAL | _____ | _____ | _____ |
| e. WELL CONSTRUCTION AND ABANDONMENT | _____ | _____ | _____ |
| f. ANALYSES | _____ | _____ | _____ |
| g. APPLICATIONS, PROPOSALS, REPORTS, SUBMITTALS | _____ | _____ | _____ |
| h. MEME | _____ | _____ | _____ |
| i. MISCELLANEOUS | _____ | _____ | _____ |
| TOTAL | ===== | ===== | ===== |

PERSONNEL

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

DESCRIPTION OF CLEANUP ACTIVITY PERFORMED: _____

Enter personnel time for preparation of submittals on the Applications/Proposals/Reports/Submittals supplemental page

PERSONNEL

| <u>Name</u> | <u>Job Title</u> | <u>Invoice #</u> | <u>Hours</u> | <u>Rate</u> | <u>Total</u> |
|-------------|------------------|------------------|------------------------------|-------------|--------------|
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| _____ | _____ | _____ | _____ | X _____ | = _____ |
| | | | Total for Event _____ | | |

RENTALS

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

All rental costs should be shown on this form
Rental charges for vehicles are not eligible and should not be listed on this form

[illegible]

MILEAGE

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

Rental charges for vehicles are not eligible and should not be listed on this form

Cars

| <u>Description of Vehicle</u> | <u>Invoice #</u> | <u>Miles</u> | <u>Cost</u> <u>Per Mile</u> | <u>Total</u> |
|-------------------------------|------------------|--------------|--------------------------------|--------------|
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |

Trucks

| <u>Description of Vehicle</u> | <u>Invoice #</u> | <u>Miles</u> | <u>Cost</u> <u>Per Mile</u> | <u>Total</u> |
|-------------------------------|------------------|--------------|--------------------------------|--------------|
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |

Other Vehicles

| <u>Description of Vehicle</u> | <u>Invoice #</u> | <u>Miles</u> | <u>Cost</u> <u>Per Mile</u> | <u>Total</u> |
|-------------------------------|------------------|--------------|--------------------------------|--------------|
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | X _____ = | _____ |

Total Mileage Costs _____

HAULING AND DISPOSAL

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

Submit all costs associated with hauling and disposal of contaminated soil and/or water. This includes, landfilling, landfarming, and drum disposal. A copy of the waste manifest should also be included as supporting documentation.

Trucking

| <u>Description</u> | <u>Invoice #</u> | <u>Units</u> | <u>Rate</u> | <u>Cost</u> |
|--------------------|------------------|---------------|-------------|-------------|
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |

Disposal

| <u>Description</u> | <u>Invoice #</u> | <u>Units</u> | <u>Rate</u> | <u>Cost</u> |
|--------------------|------------------|---------------|-------------|-------------|
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |
| _____ | _____ | _____ X _____ | = _____ | |

Total Hauling and Disposal Costs _____

WELL CONSTRUCTION AND ABANDONMENT

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

Well construction and/or abandonment costs shall include labor, drill rig, materials (e.g., casing, screen, caps, plugs, protective casing, sand, bentonite, miscellaneous equipment/supplies, etc.), and installation. Well points, soil borings, and piezometers shall also be included on this form.

List **EACH** well using the well identification number shown in technical reports for this site.

Well Construction or Abandonment

| <u>Well ID #</u> | <u>Construction/ Abandonment*</u> | <u>Invoice #</u> | <u>Diameter</u> | <u>Depth</u> | <u>Cost Per Foot</u> | <u>Total</u> |
|------------------|---------------------------------------|------------------|-----------------|--------------|--------------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | _____ | _____ | X _____ = | _____ |
| _____ | _____ | _____ | _____ | _____ | X _____ = | _____ |
| Subtotal | | | | | | ===== |

* For each well, indicate if the well is being constructed or abandoned

| | <u>Invoice #</u> | | | | | |
|-----------------|------------------|---------------|---|-------|---------|-------|
| Split spoon | _____ | # of samples | X | cost | _____ = | _____ |
| Direct push | _____ | # of days | X | cost | _____ = | _____ |
| Mobilization | _____ | cost per mile | X | miles | _____ = | _____ |
| Decontamination | _____ | # of borings | X | rate | _____ = | _____ |
| Third man | _____ | # of hours | X | rate | _____ = | _____ |
| Per diem | _____ | cost per day | X | days | _____ = | _____ |
| Other | _____ | | X | | _____ = | _____ |

Total Well Construction and Abandonment Costs =====

ANALYSES

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

A copy of the chain of custody should be submitted with all laboratory analysis.

| <u>Method</u> | <u>Invoice #</u> | <u>Soil/Water/ Air</u> | <u>Number</u> | <u>Cost</u> | <u>Total</u> |
|-----------------------------|------------------|----------------------------|---------------|-------------|--------------|
| BTEX, MtBE, NAPH | _____ | air | _____ X | _____ = | _____ |
| BTEX, MtBE, NAPH | _____ | soil | _____ X | _____ = | _____ |
| BTEX, MtBE, NAPH, PAHs | _____ | soil | _____ X | _____ = | _____ |
| BTEX, MtBE, NAPH, PAHs | _____ | soil | _____ X | _____ = | _____ |
| Other (describe): | _____ | soil | _____ X | _____ = | _____ |
| TCLP | _____ | soil | _____ X | _____ = | _____ |
| Effluent Samples | _____ | water | _____ X | _____ = | _____ |
| Suspended Solids | _____ | water | _____ X | _____ = | _____ |
| Oil & Grease | _____ | water | _____ X | _____ = | _____ |
| Lead (Pb) | _____ | water | _____ X | _____ = | _____ |
| pH | _____ | water | _____ X | _____ = | _____ |
| BTEX, MtBE, NAPH | _____ | water | _____ X | _____ = | _____ |
| Iron (Fe) | _____ | water | _____ X | _____ = | _____ |
| Manganese (Mn) | _____ | water | _____ X | _____ = | _____ |
| PAHs | _____ | water | _____ X | _____ = | _____ |
| Metals | _____ | water | _____ X | _____ = | _____ |
| Total Analysis Costs | | | | | ===== |

APPLICATIONS/ PROPOSALS/ REPORTS/ SUBMITTALS

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

Select the name of the submittal from Section VIII. 9.0 Applications/Proposals/ Reports/Submittals of this RGD and enter the name of the submittal below:

Application/Proposal/Report/Submittal from Section VIII. 9.0 of RGD-001

Submittal Date

Personnel costs include salary, benefits, multipliers, and overhead costs (e.g., insurance, etc).
Use only the titles listed in Section VII. 1.0 Staff Descriptions of this RGD.

PERSONNEL

| <u>Name</u> | <u>Job Title</u> | <u>Invoice #</u> | <u>Hrs</u> | | <u>Rate</u> | | <u>Total</u> |
|-------------|------------------|------------------|------------|------------------------------|-------------|---|--------------|
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| _____ | _____ | _____ | _____ | X | _____ | = | _____ |
| | | | | Total for Event _____ | | | |

MOBILE ENHANCED MULTI-PHASE EXTRACTION

FACILITY NAME _____ FACILITY ID # _____

PROGRAM PROCESS _____ CLEANUP ACTIVITY _____

DATE OF EVENT _____ INVOICE # _____

| | | | | |
|--|-----------|---|-----------|-------|
| SECTION 1 | | | | |
| FIELD EQUIPMENT | # OF UNIT | X | UNIT RATE | TOTAL |
| | | | | |
| VACUUM TRUCK | | X | | |
| MEME FITTING /SAFETY EQUIPMENT | | X | | |
| MOBILIZATION/DEMOBILIZATION OF EQUIPMENT | | X | | |
| SUBTOTAL COST FOR EQUIPMENT | | | | |

| | | | | |
|--|--|---|--|--|
| SECTION 2 | | | | |
| FIELD PERSONNEL ON SITE/ NAME /TITLE | | | | |
| | | X | | |
| | | X | | |
| TRAVEL TIME (2 HR MAXIMUM ONE WAY) | | X | | |
| MILEAGE | | X | | |
| PER DIEM # OF EMPLOYEES() | | X | | |
| SUBTOTAL COST FOR FIELD PERSONNEL | | | | |

| | | | | |
|--|--|---|--|--|
| SECTION 3 | | | | |
| PROJECT MANAGEMENT NAME / TITLE | | | | |
| | | X | | |
| | | | | |
| | | | | |
| | | X | | |
| SUBTOTAL FOR PROJECT MANAGEMENT | | | | |

| | | | | |
|--------------------------------|--|---|--|--|
| SECTION 4 | | | | |
| HAULING AND DISPOSAL | | | | |
| DISPOSAL OF CONTAMINATED WATER | | X | | |
| | | X | | |
| SUBTOTAL FOR DISPOSAL | | | | |

| | | | | |
|---|--|--|--|--|
| SECTION 5 | | | | |
| SUBTOTAL FOR SUBCONTRACTOR PER EVENT | | | | |

| | | | | |
|---|--|---|--|--|
| SECTION 6 | | | | |
| CORRECTIVE ACTION CONTRACTOR NAME/TITLE | | | | |
| | | X | | |
| | | X | | |
| | | X | | |
| | | X | | |
| | | X | | |
| MILEAGE | | X | | |
| PER DIEM # OF EMPLOYEES() | | X | | |
| SUBTOTAL COST FOR CAC FOR THIS EVENT | | | | |
| | | | | |

| | | | | |
|---------------------------------------|--|--|--|--|
| SECTION 7 | | | | |
| TOTAL COST FOR THIS MEME EVENT | | | | |

All costs for one MEME shall be listed on this page. If more than one MEME event is included in this application, then use a separate page for each event.

MISCELLANEOUS

FACILITY NAME _____

FACILITY ID # _____

PROGRAM PROCESS _____

CLEANUP ACTIVITY _____

Miscellaneous costs include supplies, freight, permits, per diem, utilities, and any other items that do not pertain to any other categories.

| <u>Description of Item</u> | <u>Invoice#</u> | <u>Total</u> |
|----------------------------|-----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total Miscellaneous Costs _____